MINUTES
TENNESSEE BOARD OF DENTISTRY
ANESTHESIA COMMITTEE MEETING

Date:	November 3, 2011
Location:	Tennessee Department of Health 227 French Landing, Iris Room Heritage Place Metro Center Nashville TN 37243
Members Present by teleconference:	J. David Johnson, D.D.S.
Members Present:	John R. Werther, D.M.D., M.D., Chairman Bill W. Akin, D.D.S. H. Clifton Simmons III, DDS George A. Adams, DDS
Staff Present:	Dea Smith, Executive Director Jennifer Putman, Office of General Counsel
Others Present:	Ruth E. Bailey, DDS, Board Chair Michael P. Tabor, DDS, Board Member David Klappholz, CRNA (invited by Dr. Bailey)

Dr. John R. Werther called the meeting to order at 4:06 p.m.

The committee reviewed the information submitted on the course "IV Sedation for Dentistry", provided by Duquesne University, for recommendation to the Board of Dentistry as meeting it's requirements for IV sedation courses. After reviewing the submitted course material and discussing the issue a motion was made by Dr. George Adams to adopt the following language: "The committee finds no substantial or material change in the application from prior iterations. The new request was viewed unfavorably. The committee recommends (1) rejection of the application and (2) suspension of reapplication via a moratorium for a minimum of three years be put into effect." The second was provided by Dr. Johnson. The motion carried unanimously.

The committee reviewed the Automated External Defibrillator Competency Program 2011. The committee recommended that it could be approved for continuing education only but they would need more information before recommending it as a medical emergencies or a sedation course. The committee discussed the requirement of a sedation/anesthesia related continuing education course and determined that it must deal with sedation/anesthesia use or medical emergencies arising from the use of sedation/anesthesia. The course must specifically state that it is related to

sedation/anesthesia before accepting it as meeting the continuing education requirement required for sedation or anesthesia permit holders.

Dr. Ruth Bailey invited Mr. David Klappholz, CRNA to discuss the inspection of dental offices providing sedation/anesthesia. The committee had no prior written or verbal knowledge of Mr. Klappholz attendance at the meeting until he was introduced by Dr. Bailey. Dr. Bailey had requested that Mr. Klappholz review the rules on dental sedation/anesthesia. Mr. Klappholz provided a written document for the committee to review and commented that since no inspection of offices is required, there is no confirmation that equipment works or that dentists are following the rules. Mr. Klappholz indicated he had knowledge of a dental practitioner operating outside the practice act sedation guidelines. Dr. J. David Johnson stated that if Mr. Klappholz knew of a dentist violating the rules, then Mr. Klappholz needed to report the matter as this was a very serious charge with patient safety implications. To give some background, Dr. Johnson reviewed the training and ongoing educational-safety requirements that are part of the OMS deep sedation permit holder requirements on a national specialty basis. For example, the American Association of Oral and Maxillofacial Surgeons (AAOMS) requires office inspections every five years for all AAOMS members as a condition of membership and eligibility for malpractice insurance. Dr. Johnson opposed any office inspection process by any entity outside the purview of dentistry as such a requirement would be costly, duplicative, and unnecessary. Further, it would bring the potential for increased bureaucracy and conflicts of interest from outside parties. The committee agreed with Dr. Johnson. Dr. Werther strongly objected to the highly inflammatory nature of the unsubstantiated comments in the written and verbal report which stem, at least in part, from a pervasive lack of knowledge (e.g. AAOMS guidelines, office evaluation process, TN Board of Medicine ruling on double-degree OMS performing OMS procedures including facial cosmetic surgery that the Dental General anesthesia-sedation permit would be the controlling document, etc.) on the part of Mr. Klappholz with regard to the training, continuing education, competence, and ongoing surveillance of deep sedation permit holders as noted above. The committee received Mr. Klappholz report unfavorably and felt that no action was required.

The committee discussed the use of Ketamine or Propofol and affirmed their previous decision that dentist who utilize these drugs must hold a Deep Sedation/General Anesthesia permit. The statement previously approved by the committee and reaffirmed at this meeting is as follows:

> Ketamine, 2-(o-chlorophenyl)-2-(methylamino) cyclohexamone, produces the unique state of dissociative anesthesia. Acting as a noncompetitive antagonist at the NMDA receptor, Ketamine produces an anesthetic state characterized by dissociation between the thalamocortical and limbic systems in which patients are usually unconscious and cataleptic or partially conscious but unable to respond purposefully to physical stimulation or verbal command, depending on dose. Patients' vital reflexes are generally intact but can be depressed. Therefore, by definition, Ketamine produces a unique state somewhere between deep sedation and general anesthesia. Studies have shown low

(subdissociative) dose Ketamine to be effective for procedural sedation but have cited a significant rate of "serious [hemodynamic and respiratory] intrasedation events," which require intervention especially when given in combination with other agents such as benzodiazepines, barbiturates, or 2,6-diisopropylphenol (propofol).

Propofol (2,6-diisopropylphenol) is a sedative-hypnotic drug that is also unique in its properties. In 2004, a statement was issued by three gastroenterology societies that propofol could be safely administered by individuals with no training in the performance of a general anesthetic. In response, the America Society of Anesthesiologists (ASA) and the American Association of Nurse Anesthetists (AANA) collaborated on a joint statement in strong disagreement. The President of the ASA, Roger W. Litwiller, M.D., also wrote, "Since members of the [American Association of Oral and Maxillofacial Surgeons] AAOMS have a long history of safely using general anesthesia in the care of their patients, it is the feeling of the American Society of Anesthesiologists that the joint ASA/AANA statement is not intended for these AAOMS members.

It is well recognized that propofol and ketamine, given alone or together for the purposes of conscious sedation, can lead to an unintended state of deep sedation/general anesthesia. For this reason, it is the general opinion of the committee that when ketamine and/or propofol are given, the training, personnel, and facility requirements should conform to those demanded for deep sedation/general anesthesia.

The committee discussed PALS certification and recommended no change to the current rules.

Dr. Michael Tabor asked the committee about reciprocity for permit holders in other states. The committee recommended that anyone applying for a sedation/anesthesia permit must meet the Tennessee educational requirements and that reciprocity not be allowed.

There being no further business, Dr. Werther adjourned the meeting at 6:03 p.m.